



Temporary Establishment Application Form

Iowa Department of Public Health
Division of ADPER & EH/Tattoo Program
321 E. 12th Street, Des Moines, IA 50319-0075
(515) 242-6337

Please print legibly.

Name:
(First) (Middle) (Last)

Address:
.....
(City) (State) (Zip)

*Social Security Number: Date of Birth:

Name of Establishment or Organization:

Telephone: Cell Phone:

***Privacy Act Notice:** Disclosure of your Social Security number on this license application is required by 42 U.S.C. Section 666(a)(13) and Iowa Code Section 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licenses.

Name of Event:

Location:
(Street) (City)

Date(s) of Event:

Number of Booths:

An nonrefundable application fee of \$50.00 shall be payable by check or money order to the Iowa Department of Public Health. Remit fee with application form. **Cash is not acceptable.**

Mail completed application, fee, and floor plan of the facility at least 30 days prior to the event to the address shown at the top of this application. Permits must not exceed 7 calendar days per event, without reapplication. (See Iowa Administrative Code 641 – Chapter 22 for all other requirements.) Please call (515) 242-6337 if you have any questions.

Required Tattoo Permit Questions:

For each “Yes” answer to the following questions, you must provide a separate statement giving full details, including dates, locations, actions, organizations or parties involved and specified reasons. At the discretion of the Bureau, more supporting information may be requested.

Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license or permit issued to your establishment or organization?

If yes, include date, location, reason, current status, etc.

Yes ☐ No ☐

Has your establishment or organization ever been sued in connection with your tattoo professional functions in this or any other state?

If yes, include date, location, reason, current status etc.

Yes ☐ No ☐

Signature:

I attest that this establishment or organization will only employ appropriately permitted tattoo artists to practice tattooing activities. This establishment or organization will encourage all artists to maintain their certifications according to *Iowa Administrative Code 641--Chapter 22*. This establishment or organization and tattoo artists will follow the work practice standards in *Iowa Administrative Code 641--Chapter 22* for conducting tattoo activities at all times.

I hereby certify that the information I have provided in this document, including any attachments, is true and correct. I understand that providing false or misleading information in or concerning my application may be cause for denial or revocation of certification and criminal prosecution.

Signature of owner, president, or agency director: _____

Date: _____